



ARIZONA
BOARD OF EXECUTIVE CLEMENCY

COMMUTATION OF SENTENCE APPLICATION
A.R.S. 31-411 (H) (I) (1), AND A.R.S. 13-603(L)

DATE: _____

APPLICANT'S NAME: _____ ADOC# _____

DOB: _____ AGE: _____

Please list current offense(s) to be considered for Commutation of Sentence. Applicant must have served a minimum of two (2) years on his/her current offense(s) and is not within one (1) year of his/her parole eligibility or mandatory release date for sentences more than 3 years. Exceptions to this are special orders by the court (A.R.S. 13-603), or sentences of three (3) years or less (see policy subsection C), or imminent danger of death. Future sentences (consecutive terms) will not be considered for reduction.

CAUSE #/COUNT Served)	COMMITTING OFFENSE (Do Not Use A.R.S. Statute)	SENTENCE RECEIVED	EXACT YRS. / MOS. OF SENTENCE REDUCTION REQUESTED (could be Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DETAINERS: YES ☐ NO ☐ IF SO, WHAT JURISDICTION _____

ARE YOU APPLYING UNDER A SPECIAL ORDER BY THE COURT (A.R.S. 13-603) YES ☐ NO ☐

ARE YOU APPLYING UNDER IMMINENT DANGER OF DEATH: YES ☐ NO ☐

"IMMINENT DANGER OF DEATH" means that a applicant has been examined by a medical doctor and that doctor has diagnosed the applicant as suffering from a medical condition which, in the doctor's professional medical opinion, will to a reasonable medical certainty result in the applicant's death within six (6) months.

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1. DESCRIBE YOUR INVOLVEMENT IN THE CRIME(S) FOR WHICH YOU ARE SEEKING A COMMUTATION OF SENTENCE:

2. DESCRIBE YOUR INSTITUTIONAL RECORD (PROGRAMMING, DISCIPLINARIES, ETC.):

3. DESCRIBE WHAT POSITIVE ACCOMPLISHMENTS HAVE YOU ACHIEVED SINCE IMPRISONMENT?
(I.E. PARTICIPATION IN AVAILABLE EDUCATIONAL, VOCATIONAL AND THERAPEUTIC PROGRAMS?
INCLUDE A DESCRIPTION OF YOUR WORK RECORD SINCE INCARCERATION.)

4. . DESCRIBE WHY YOU BELIEVE YOU SHOULD RECEIVE A COMMUTATION OF SENTENCE
(REDUCTION IN SENTENCE)?

5. WHAT ARE YOUR PLANS UPON RETURNING TO SOCIETY?

6. GIVE ANY OTHER INFORMATION YOU BELIEVE THE BOARD OF EXECUTIVE CLEMENCY SHOULD CONSIDER.

APPLICANT'S SIGNATURE

ADOC#

DATE

FORWARD THIS APPLICATION DIRECTLY TO:

ARIZONA DEPARTMENT OF CORRECTIONS
TIME COMPUTATION UNIT
1601 WEST JEFFERSON
PHOENIX, ARIZONA 85007

ATTN TIME COMPUTATION UNIT: IF APPLYING UNDER **IMMINENT DANGER OF DEATH** AND APPLICANT HAS BEEN **DEEMED STATUTORILY ELIGIBLE**, PLEASE FORWARD THIS APPLICATION TO ADOC HEALTH SERVICES.